PART B - FEE(S) TRANSMITTAL

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

WASHINGTON OFFICE

CUSTOMER NUMBER

SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, I

SUITE 800

WASHINGTON, DC 20037



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

					····		·		
APPLICATION N	IO. FILIN	G DATE	FIRST NAMED IN	ST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/697,120 10/3		Michael SCHMID		MIDT	Q78116		8458		
		D 07701 (770) (0	DTIG 4 1 0103444 0						
TITLE OF INVENTIC	N: RECEIVER FO	K OTDM/PDM O	Prical Signals						
APPLN. TYPE SMALL		ISSUE FEI	E PUBLICAT	ION PREV.	PAID ISSUE FEE	TOTAL FEE	(S) DA) DATE DUE	
	ENTITY		FEE			DUE			
nonprovisional	nonprovisional NO \$1510.00		\$300.00	1	\$0.00	0.00 \$1,810.00		12/08/2008	
				ADT IDUT					
EXAMINER			ART UN	IT CLAS	SS-SUBCLASS				
Thi Q. Le			2613	2613 398-207000					
1. Change of correspon	dence address or ind	ication of "Fee Ad	dress" (37 CFR 1.363	2. For printing	on the patent front p	age list 1	Sughrue Mior	ı, PLLC	
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 2					
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev (2					of a single firm (h				
03-02 or more recent).	member a registered attorney or agent) and the anames of up to 2 registered patent attorneys or								
				agents. If no name is listed, no name will be					
3. ASSIGNEE NAME	AND RESIDENCE	DATA TO BE PF	RINTED ON THE PAT	printed. FENT (print or ty	pe)				
PLEASE NOTE: Unle						entified below, the	e document has	been filed for	
recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) ALCATEL Paris, France									
Please check the appro	priate assignee categ	ory or categories (
_ ,				syment of Fee(s). (Please first reapply any previously paid issue fee shown above)					
☑ Issue Fee				☐ A check is enclosed.					
				ayment by credit card. Form 1310-2038 is attached.					
				The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any verpayment, to Deposit Account Number 19-4880.					
				The USPTO is directed and authorized to charge all required fees to Deposit Account No. 9-4880. Please also credit any overpayments to said Deposit Account.					
5. Change in Entity Sta	tus (from status indi	icated above)							
··					claiming SMALL E				
The Director of the US									
NOTE: The Issue Fee a party in interest as show	and Publication Fee was by the records of	(if required) will not the United States	not be accepted from an Patent and Trademark	yone other than to Office.	the applicant; a regis	tered attorney or	agent; or the ass	ignee or other	
Authorized Signature	Signature /Christopher R. Lipp/		Date		October 2	23, 2008			
Tuned or Bristod Name		Christopher D. 1 in	an.	Registration N	n	41,157			
Typed or Printed Name	٠	Christopher R. Lip	7 P	regionation in		DEMHANU2 0000	0047 194880	10697120	
Modified PTOL-85 (R	ev. 08/08 Approved	for use through 08	3/31/2010.		01 FC:1501	1510.00			
`		3			92 FC:1584	366.66			